



Charter on Inclusion of Persons with Disabilities in Humanitarian Action

Update on Progress since the World Humanitarian Summit

Executive Summary:

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**HANDICAP
INTERNATIONAL**

The Charter on Inclusion of Persons with Disabilities in Humanitarian Action² was launched at the 2016 World Humanitarian Summit (WHS) by a multi-stakeholder coalition of Member States, United Nations agencies, organisations of persons with disabilities (DPOs), international organisations and civil society organisations. The Charter demonstrates the collective willingness to enhance the effective inclusion and participation of persons with disabilities and their representative organisations across the humanitarian system. The Charter is in line with international humanitarian law and human rights law, including the UN Convention on the Rights of Persons with Disabilities (CRPD), and recalls the 2030 Agenda for Sustainable Development and the Sendai Framework on Disaster Risk Reduction. Five core principles are identified in the Charter to make humanitarian action inclusive of persons with disabilities: non-discrimination; participation; inclusive policy; inclusive response and services; and cooperation and coordination. The Charter is endorsed by over 150 stakeholders³ comprising States, UN agencies, DPOs, civil society organisations and networks, representing more than 1000 organisations.

This paper aims to take stock of the progress made and challenges faced by stakeholders. It is based on the self-reports submitted in the Platform for Action Commitments and Transformation (PACT) and additional information shared among the group of endorsers of the Charter. 33 stakeholders self-reported on both the Charter and disability as a cross-cutting issue. They comprise 11 States, the European Union, 7 UN agencies, 11 NGOs, 1 DPO and 2 other organisations.⁴ 24 of them have endorsed the Charter.

Since the WHS, the Charter has spurred further political momentum to enhance the effective inclusion of persons with disabilities in humanitarian action, demonstrated by a 45 per cent increase of number of endorsers to the Charter in one year; references to the

¹ The views expressed in this paper are those of the authors and do not necessarily reflect the views of the United Nations Secretariat.

² For more information on the Charter and the full list of endorsers, visit: <http://humanitariandisabilitycharter.org/>

³ 156 endorsers on 31 May 2017

⁴ The detailed list includes: 11 States (Australia, Austria, Belgium, Estonia, Finland, Germany, Ireland, Luxembourg, New Zealand, Switzerland, United Kingdom); the European Union, 7 UN agencies (OHCHR, UNRWA, UN Women, UNDP, UNICEF, UNHCR, WFP); 11 NGOs (CAFOD, CBM International, Christian Aid, CHS Alliance, Handicap International, Help Age International, Johanniter-Unfall-Hilfe, Malteser International, Right to play, Women's Refugee Commission, YUVA for all living beings); 1 DPO (International Deaf Emergency); and 2 other organisations (Humanitarian Advisory Group, Emmanuel Hospital Association).

Charter in two UN resolutions; numerous national, regional and international events and meetings organized; and additional funding mobilized. The strength of the initiative stands in its multi-stakeholder nature, which brings together donors, humanitarian actors, organisations of persons with disabilities and local actors. There is an increased sense of urgency of the need to change the humanitarian practices in terms of inclusion of persons with disabilities at political level. This urgency needs to permeate at field level, in order to move from words to practices.

“With more than 170 state parties to the CRPD, the inclusion of persons with disabilities in humanitarian aid is not a question of ‘if’ anymore, but a question of ‘how’.”

Johanniter-Unfall-Hilfe

A key outcome of the Charter is the initiation of the development of Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action under the Inter-Agency Standing Committee (IASC).⁵ The guidelines aim at changing practices across all sectors and in all phases of humanitarian action resulting in the full and effective participation and inclusion of persons with disabilities.

However, challenges remain: low level of understanding of inclusion; low level of priority given to persons with disabilities; lack of disaggregated data; and low rate of funding given to humanitarian projects inclusive of persons with disabilities and DPOs.

In order to achieve the full inclusion and participation of persons with disabilities in humanitarian action, stakeholders are invited to continue nurturing the multi-stakeholder nature of the Charter, focusing on awareness-raising. It will also be critical to continue to foster cooperation, exchange knowledge and build capacity among DPOs, humanitarian actors and local stakeholders. Finally, stakeholders should individually and collectively work on implementing inclusive policies and practices and improve disaggregated data collection.

Highlights of achievements

Thanks to the WHS, an important dynamic is in motion among stakeholders committed to ensure the full inclusion and participation of persons with disabilities in humanitarian action. The Charter initiative continued gathering support at all levels following the WHS, with a 45 per cent increase of number of endorsers in one year. New endorsers included DPOs, NGOs and networks, and also five new States.⁶

The United Nations Secretary-General’s report on the Outcome of the World Humanitarian Summit⁷ highlights that the Charter “will strengthen an inclusive approach to design, implementation, monitoring and funding of assistance”. Two UN General Assembly resolutions referred to the Charter and recognised that persons with disabilities are disproportionately affected in situations of risk, humanitarian emergencies and the occurrence of natural disasters and their aftermath, and that they face multiple barriers in accessing assistance.⁸

A key outcome identified across reporting is the initiation of the development of globally-endorsed IASC ‘Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action.’ A IASC Task Team on Inclusion of Persons with Disabilities in Humanitarian Action was

⁵ For more information on the IASC Task Team, visit : <https://interagencystandingcommittee.org/iasc-task-team-inclusion-persons-disabilities-humanitarian-action>

⁶ Belgium, Colombia, France, Republic of Korea, Sweden

⁷ A/71/353

⁸ See resolution on inclusive development for persons with disabilities (A/Res/71/165); and resolution on strengthening of the coordination of emergency humanitarian assistance of the United Nations (A/RES/71/127).

established in July 2016 with the mandate of developing such guidelines by the end of 2018. The guidelines will assist humanitarian actors, governments and affected communities to coordinate, plan, implement, monitor and evaluate essential actions that foster the effectiveness and efficiency of humanitarian action, resulting in the full and effective participation and inclusion of persons with disabilities and changing practices across all sectors and in all phases of humanitarian action. The task team is co-led by the United Nations Children’s Fund (UNICEF), the International Disability Alliance and Handicap International. The membership of the task team, still open, spans to more than 60 individuals representing around 40 organisations, including UN agencies, humanitarian actors, NGOs, DPOs and Member States as observers. Resources have been mobilized from Australia and Finland to start the implementation of the work plan.

Complementary to the guidelines, ‘Minimum Standards for Age and Disability Inclusion in Humanitarian Action’ are also under development by the Age and Disability Capacity Consortium (ADCAP).⁹

The main barriers/ challenges to progress

Low level of understanding and priority given in the response to persons with disabilities

Stakeholders identified a lack of understanding of the intersecting factors that impact individuals’ protection, with the result that persons with disabilities are not given priority in humanitarian action.

Humanitarian actors are still far from systematically mainstreaming inclusive approaches in relevant programmes. There is therefore a high need for awareness raising and capacity building for disability inclusive approaches for humanitarian staff within programmes in the field. Stakeholders also expressed the need for system-wide policies, guidelines, and tools that strengthen effectiveness and accountability, which the IASC ‘Guidelines on Inclusion of Persons with Disabilities’ will address.

“Mainstreaming of the inclusion of persons with disabilities in humanitarian action requires further strengthening.”

European Union

The continued siloed approach to development and humanitarian action, to gender equality, and to the empowerment of women and inclusion of women and girls with disabilities also continues to be a major challenge.

Lack of disability disaggregated data

The lack of data disaggregated by disability was also underlined as a key challenge. This lack of data makes it difficult for humanitarian actors to assess and monitor whether services and programmes are reaching persons with disabilities. Identification and registration processes, as well as projects’ assessments, often do not incorporate disaggregated data by disability. Persons with disabilities’ needs and capacities are therefore overlooked by humanitarian actors.

⁹ For more information, visit :

http://www.cbm.org/article/downloads/54741/Minimum_Standards_for_Age_and_Disability_Inclusion_in_Humanitarian_Action.pdf

Lack of funding and resources

Some stakeholders pointed to a lack of funding and resources given to humanitarian projects inclusive of persons with disabilities and DPOs. This situation hampers the full inclusion and participation of persons with disabilities and their representative organisations in the programme cycle.

“DPOs are often under-resourced in terms of finances and human resources, which limits their capacity to engage actively in humanitarian crises.”

UNHCR

Highlights of good practices

The following good practice examples exemplify how the five principles of the Charter could be translated into practice.

Non-discrimination

By May 2017, the United Kingdom (UK) will launch a new disability inclusion programme to build critical evidence to deliver jobs, support people living with psycho-social disabilities, tackle stigma and discrimination and provide support in conflict and humanitarian settings.

Participation

The Office of the United Nations High Commissioner for Refugees (UNHCR) strengthened partnerships with national DPOs. In Ukraine, UNHCR implemented community awareness activities with the National Council of Persons with Disabilities (NCPD). In Zimbabwe refugees were included in the work of the Federation of Organisations of Disabled Persons.

Inclusive policy and data collection

In 2017-18, Australia will build global capacity to collect and analyse disability data through the disability data partnerships with the UN Statistical Division, UNICEF, and the UN Washington Group on Disability Statistics.

The UK Department for International Development (DFID) is funding a project to test and promote the use of the set of questions in humanitarian action designed by the UN Washington Group on Disability Statistics.¹⁰ The project has already involved 15 humanitarian stakeholders, who collected data on persons with disabilities in Jordan, Philippines and the Democratic Republic of the Congo.

Inclusive response and services

In 2016, UNICEF launched the first and second round of cash transfers to families of children with disabilities in Aleppo (USD 40 per month per child distributed bi-monthly). More than 49,000 education in emergency kits with disability guidance were delivered to 50 countries.

The UK Girls Education Challenge supports over 34,000 girls with disabilities to access an

¹⁰ For more information on the Washington Group (WG) on Disability Statistics and the Short Set of Questions, visit: <http://www.washingtongroup-disability.com/>

education in Kenya and Uganda. Through UK Aid Direct, Motivation UK provides emergency wheelchairs to injured and disabled people in humanitarian crises.

International Deaf Emergency (IDA) supported the establishment of a fully inclusive camp for 400 earthquake survivors with various disabilities in Port Au Prince, Haiti.

Cooperation and coordination

The German Federal Foreign Office (FFO), together with Handicap International Germany and CBM, initiated a 2-year capacity-building project in late 2016 to mainstream the inclusion of persons with disabilities within the FFO and among German NGOs working in humanitarian assistance.

CBM has developed a mobile application called Humanitarian Hands and Tool (HHoT) including practical advice and step-by-step guidance for field workers in emergency response scenarios on how to make relief services inclusive and accessible.

Recommendations

Inclusion of persons with disabilities requires a fundamental rethink of the way humanitarian actors work, their policies, practices, processes and assumptions. Only through this change can humanitarian actors ensure that interventions are inclusive in terms of protection and assistance, non-discriminatory and designed to allow persons with disabilities to fully enjoy their rights. The following recommendations are guided by the final goal to achieve the full inclusion and participation of persons with disabilities in humanitarian action.

1. Nurture the multi-stakeholder dynamic, focusing on continuous awareness raising

Stakeholders should continue to build on the momentum created by the launch of the Charter at the WHS and foster collaboration, for example through the creation of an informal network. Other stakeholders should endorse the Charter to demonstrate the growing commitment to ensure humanitarian action is inclusive of persons with disabilities. Approaching innovative actors should be considered, to explore synergies between humanitarian response needs and new technologies, including for instance through the Humanitarian Impact Bond (HIB) created by the International Committee of the Red Cross (ICRC).

“Bring innovative solutions into discussions and promote private sector participation.”

Finland

Guided by the Charter and in line with the Convention on the Rights of Persons with Disabilities, all stakeholders should collaborate to increase awareness of the principles of inclusive humanitarian action for persons with disabilities. International monitoring frameworks should address the inclusion of persons with disabilities, and facilitate the collection of best practices. A bigger number of stakeholders should report next year on commitments around the Charter initiative.

2. Foster capacity building to ensure participation

Capacity building programmes for humanitarian actors and DPOs that aim to improve knowledge of how to mainstream inclusion of persons with disabilities into humanitarian action should be implemented at field and headquarters level. Exchange of best practices among organizations should be reinforced. DPOs should be supported to engage in humanitarian emergencies and participate in all phases of the response.

“Programming that makes people with a diverse range of disabilities active participants in planning, design and implementation can empower people with disabilities to access to humanitarian assistance on an equal basis with others.”

Australia

3. Move from policies to practices

The inclusion of persons with disabilities should be reflected in all humanitarian response plans and coordination mechanisms. Humanitarian coordinators and clusters should ensure that the Charter’s principles are translated into action at the field level. Humanitarian actors should also undertake internal reviews to ensure their policies and practices are in line with the principles of the Charter. Stakeholders should keep momentum around ongoing initiatives dedicated to the development of IASC ‘Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action,’ ‘Minimum Standards for Age and Disability Inclusion in Humanitarian Action,’ and the Washington Group set of questions on disability, and ensure they are complementary.

4. Foster disaggregated data collection

Disaggregated data collection should be strengthened, as well as analysed prior, during and after situations of risk and humanitarian emergencies to better track and improve the situation of people with disabilities.

“Collecting data disaggregated by disability (as well as sex and age) is crucial to enable us to monitor whether and how our services and programmes are reaching persons with disabilities.”

UNRWA

About this paper

All stakeholders who made commitments at the World Humanitarian Summit (WHS) in support of advancing the Agenda for Humanity were invited to self-report on their progress in 2016 through the Platform for Action, Commitments and Transformation (PACT) (agendaforhumanity.org). The information provided through the self-reporting is publicly available and forms the basis, along with other relevant analysis, of the annual synthesis report. The annual synthesis report will be prepared by OCHA and will highlight trends in progress, achievements and gaps that need more attention as stakeholders collectively work toward advancing the 24 transformations in the Agenda for Humanity. In keeping with the multi-stakeholder spirit of the WHS, OCHA invited partners to prepare short analytical papers that analyze and assess self-reporting in the PACT, or provide an update on progress on initiatives launched at the World Humanitarian Summit. The views expressed in this paper are those of the authors and do not necessarily reflect the views of the United Nations Secretariat.